**AIM Parent/Carer Champion Network**

***For Parents/Carers of Children & Young People affected by gangs, exploitation, and serious youth violence.***

Voluntary Peer Support, advice, reassurance and guidance for parents/carers whose children may be at risk of or who have experienced violence, exploitation, trauma, arrest, or school exclusion across the London Borough of Hounslow**.**

The aims of the project are to:

* To reduce parental isolation by matching them with a relatable Parent Carer Champion and enhance their accessibility to support networks/services.
* To increase parents/carers awareness and knowledge of exploitation, safeguarding/child protection.
* To empower parents/carers to play an integral role in safeguarding and supporting their child/young person alongside their own resilience.

Please return this form to:

Astrid Edwards at AIM/PCCN [isleworthmother@gmail.com](mailto:isleworthmother@gmail.com) Contact: 07774295134

|  |  |
| --- | --- |
| **About the Parent/Carer** | |
| **Name:** | **DOB:** |
| **Ethnicity:**  Choose an item. | **Contact number:** |
| **Address:** | **Email address:** |

|  |
| --- |
| **Does the parent/carer have any safeguarding concerns, special educational needs, disabilities, or requirements relating to illness, impairment, or other? Does the parent/carer have safe and stable accommodation?** (Please specify) |
| **Please briefly describe the current situation that the parent/carer needs support with.**  **(Please indicate whether there are any other professionals/services supporting the parent/carer &/or child/siblings with relevant contacts)** |
|  |
| **What are your hopes for this engagement with the AIM Parent/Carer Champion Network? (What support would they like to access/do they feel they need)** |
|  |
| **Parent/Carer’s consent to the AIM Parent/Carer Champion Network Peer Support**  I consent to my information being shared for this referral  Verbal consent can be obtained but please ensure the details given on this form are shared with the client for their agreement.  **……………………………………... ……………………………………...**  **Parent/Carers signature Date of referral** |

Would the parent/carer prefer to access support via **telephone**, **video call** or **in person or both**? -

**Preferred time to be contacted?**